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Catholic Physicians' Guild

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Book Reviews

TWO VIEWS ON

"In Our Professional Opinion..."

Wendy Carlton

University of Notre Dame Press, Notre Dame, Indiana, 1978. xiv + 207 pp., \$12.95.

I

Medical educators in recent years have expressed increasing concern about the type of student who survives the current highly competitive admissions process leading to entry into medical school. He is the product of an ever-narrowing scientific emphasis in pre-medical curricula and a seemingly unavoidable emphasis on grade point average, MCAT scores, and other ingredients of a self-preoccupied, obsessive-compulsive conquest of competition. It is not surprising that such a student would fall victim to the tendencies documented in this book.

Although ethical issues are the daily fare of any active clinical service, ethical sophistication is not a by-product of clinical training. In its place comes an inadequate system derived from a local professional consensus. There is a shortage of principles and a tendency to resolve issues on an *ad-hoc*, case-by-case basis. Caught up in such a system, the student, as Carlton points out, is inclined to undergo a gradual attrition of his moral perspective in favor of a "clinical" perspective dominated by pragmatic and cost-benefit factors as well as personal concern for patients. Although most would concede that this is a growing tendency among the present generation of students and younger physicians, it is by no means limited to the age group under 35. Those who continue to espouse the sanctity of human life as protected by the Hippocratic Oath would recognize the trend in all specialties and all age groups. Most professional societies and spokesmen have managed to be on the wrong side of debates regarding abortion, fetal experimentation, newborn euthanasia, involuntary sterilization and other bioethical issues of recent prominence.

Carlton's delineation of the problem and definition of issues is far superior, not unexpectedly, to her insights into clinical decision-making. Although she spent a year at a "university hospital" as a close observer, her case citations often betray a questionable interpretation of factual data and a judgmental interpretation of motives which is less than convincing.

Likewise, her description of the metamorphosis of student decision-making from freshman to senior year lacks the ring of credibility to the experienced medical educator. One would suspect that the students who were conscious of her presence engaged in some role-playing for her benefit. Nevertheless, it would be impossible for one more involved in the process to bring to such a study the insights of not only a sophisticated professional but also a patient advocate. A fitting sequel to this valuable book would be a joint effort by a sociologist and an experienced clinician-educator.

— Eugene F. Diamond, M.D.
Professor of Pediatrics
Stritch School of Medicine

Wendy Carlton has studied the socialization of student doctors and the practice of medicine in a university teaching hospital. She spent a year attending classes, accompanying students on rotation, making rounds with house staff, and listening to and talking with teachers, students, and patients. Ms. Carlton asks if the popular belief that physicians are increasingly concerned with treating the "whole person" is true. Her answer is no. She attempts to substantiate this by showing how students are taught to focus exclusively on illness and disease, what she calls the clinical perspective. Concern for the legal rights of persons and moral aspects of medical decision-making are systematically eliminated by medical education.

The author recognizes the limitations of participant observation as a research strategy. She discusses briefly the issues of reliability, sample selection, the identification of researcher with subjects, and the immense time and energy required of the investigator. The benefits of this approach, however, outweigh the limitations, in her judgment. One sees social life in process and allows themes to emerge from observation rather than imposing preconceptions on social life. The test of this balance between limitations and advantages is, of course, in the products. In most ways, the author's choice seems justified.

The book begins with a discussion of three cases which illustrate the primacy of clinical criteria in medical decision-making over legal and moral criteria. The first case concerns a 77-year-old woman whose doctor decides she needs electroconvulsive therapy (ECT) for her involuntional melancholia. The woman at first refuses. Her physician and his medical colleagues pressure her to consent. They enlist the aid of relatives and other hospital staff and threaten her with the termination of all other treatment and care unless she agrees to ECT. The author questions the coercive procedures used in gaining consent as well as the validity of the consent form itself. She also notes the lack of attention to moral concern for what is right for this person. The doctors show interest in clinical matters only, that is, the illness and how it should be treated. They may disagree among themselves about causes and treatments, but this debate is not open to the patient. The physicians generally are not concerned with protecting legal rights or considering moral questions.

The second and third cases are used to further illustrate the priority of clinical decision-making. The case of an 11-year-old girl with Down's Syndrome who was to have a hysterectomy was argued exclusively on grounds of surgical risks, while matters of informed consent and personal autonomy in the case of mental impairment were avoided. A woman with a terminal illness was allowed to die. The doctors could have prolonged her life by artificial means but there was no hope for return to normalcy. They made this decision informally, on clinical grounds, with little thought to legal right or moral dilemmas.

In the process of presenting these three cases, the author provides numerous insightful observations on the practical work of doctors. For example, she introduces the concept of "social death" to account for the decision to let a person die. A patient is socially dead when physicians see a bleak future for one who is critically ill. They decide that the patient is a "no code." On future emergencies, no extraordinary measures are to be taken to revive the patient. A bleak future is forecast when there is mental impairment, little family concern, advanced age, and so on. There is also discussion of practical issues related to political admissions, the patient's belief that the physician is lying, how much to tell the patient, suspicions of incompetence among physicians, using patients as teaching material, practicing defensive medicine, and numerous others. Unfortunately, most of these practical matters surrounding medical decision-making are not fully explicated or documented. The author introduces them to demonstrate the primacy of clinical

criteria in decision-making and does not carefully examine them as interesting social phenomena in their own right.

The next three chapters examine the three perspectives introduced previously. The primary argument is that physicians consider the legal perspective only as part of defensive medicine or when they fear legal entanglements. They don't have much genuine concern for the rights of patients as persons. They certainly don't encourage patients to learn about their rights or to seek out information needed to protect their rights, for example through a second opinion. Moral considerations enter only when clinical skills fail. Moral dilemmas are considered on a case by case basis and there is no reference to generate moral principles. The result is situational ethics where decisions are heavily influenced by the self-interests of the physicians.

The next several chapters deal with the socializations of second-, third-, and fourth-year medical students on the floors of the hospital. The author argues that students enter medical school with some concern for legal and moral issues but soon abandon these in order to fit the role of the good physician. This is accomplished not so much by explicit instruction in classrooms but through experiences on the floors. It is clear to the student that clinical expertise is what is expected and valued. The second-year student has little status on the floor; he even feels inferior to nurses. As yet he has little knowledge of the literature or practical tricks of the trade which bring status. The house staff and residents badger him with questions which he can't answer. They tell him to do things which he cannot yet do. He needs help and this puts him in an inferior position. As he gains experience, he acquires the clinical knowledge which leads to more independence and recognition. By the fourth year, he has confidence in his clinical skills. He knows what is required to be a good doctor. His future is now planned in terms of learning more advanced clinical skills. While he must be somewhat concerned with legal issues so as not to run into trouble, moral issues are not part of the doctor's role. They can be left to others, like the social workers or clergymen who take over when clinical skills fail.

In the final chapters, the author addresses policy questions. She clearly would like to see more emphasis given to legal and moral questions in medical decision-making. There is little hope that doctors can reform themselves. The answer may be instead in reorganizing the hierarchical nature of the hospital. We should abandon our faith in doctors as guardians of the legal and moral domains. The doctor's role should be stripped of all but clinical aspects. Physicians must learn to share decision-making with others who are concerned with legal and moral matters. The patient and his family as well as social workers, psychiatrists, hospital administrators, and others should be partners in decision-making. Medical students must learn to share power and delegate authority without suffering a sense of role deprivation. They are to be satisfied with being skillful, valuable, and well-paid technicians and not gods. This will come only by reorganizing the structure of hospital bureaucracy, not through changes in the content of medical education.

The book is written well and is certainly a positive contribution to medical sociology and the study of medical ethics. There are, however, several problems. The notion of "moral perspective" is not clearly delineated. At some points the author seems to identify it with a concern for the "whole person." At other points she seems to be asking for attention to more general ethical principles, something akin to legal precedent, that could be employed in particular situations. There is also a strong theme of new moral problems posed by advance technologies for sustaining life. The moral perspective is one of those notions that the reader intuitively knows about, but when asked to identify more precisely, becomes somewhat uncertain that he understands fully. The author tells us that a moral perspective should be applied and is not, but there are no examples or illustrations of how to recognize it in particular cases.

The book claims to be a study of decision-making but in fact is a study of decisions made. In her effort to demonstrate the primacy of the clinical perspective, the author has not paid sufficient attention to the decision-making process. She uses terms such as "competing visions" and "multiple moral universe" but does not show how competing realities engage one another in decision-making. One is not sure whether she has ignored the conflict and focused instead on the conclusion or is saying that there is no real conflict given the overwhelming power of physicians.

A number of conclusions outrun supporting data. For example, the author claims that a patient who questions the advice of a physician will make his decision more on social reasons validating the competence of the physician (friends say he is an expert) than on the clinical rationale provided by the doctor. This is a fascinating idea but there is no documentation. The author also claims, without supporting data, that a physician is more likely to consider moral arguments if they are used by a superior colleague (specialist) than by an inferior employee (nurse, social worker).

Finally, the book may suffer somewhat from an overly simplified view of decision-making. The picture that emerges is of the powerful physician with a single perspective. In order to include other views, hospitals need to be reorganized so that persons with other perspectives can participate. There is no data to support this policy recommendation. There may be good reason to believe that other professionals will develop agendas of self-interest which blur their focus on the best interests of the whole person. Has anyone shown, for example, that social workers are primarily attuned to the moral perspective? While many concerned people, including many physicians, would intuitively like to see wider participation in medical decision-making, I don't think there are firm grounds for believing that this will necessarily lead to a greater protection of the legal and moral rights of patients. It may lead to more confusion, uncertainty and negotiation among interested parties and perhaps we need more of that.

Wendy Carlton has developed a convincing argument for the primacy of the clinical perspective in medical decision-making. Physicians emerge as the bad guys. Before we judge them too harshly, however, I suggest a serious look at other professional human service workers. My hunch is that we will find a strong emphasis on the practical realities of getting the job done and little day-to-day attention to legal rights and moral dilemmas. The shortcomings of physicians may apply to us all.

— David R. Buckholdt, Ph.D.
Associate Professor, Department of Sociology
Marquette University

The New Birth Control Program

Christine Garfink, R.N. and Hank Pizer, P.A.

Bantam Books, Inc., 666 Fifth Avenue, New York, N.Y. 10019.

The introduction to this paperback is written, surprisingly, by Dr. James P. Furlong of Albany. Surprisingly, because "it is critical that your male partner, whether he be your husband, lover, or casual boyfriend, be able to adjust his sexuality to your body rhythms." While Dr. Furlong may endorse the book, I'm sure that he does not endorse that type of "Planned Parenthood" value system.

"Fornication" and "adultery" rate just behind "abortion" as two of the most destructive words in the English dictionary.

The authors say that the history of natural family planning is a long one and proceed to sum it up in two paperback pages.

The book condemns calendar rhythms, then proceeds to use calculations from recent cycles to determine who may become pregnant in the early days of the cycle. The book cites references, but it could be improved by adding footnotes.

There are meritorious features. Besides an interview with Dr. Furlong, there is a chapter written by psychologist Joseph Bernier, Ph.D. There are chapters on emotional reactions to NFP and why some couples do not succeed with NFP.

Perhaps the book's best feature is its chapter devoted to interviews with several couples who outline their motivation for starting the NFP method plus their satisfaction after gaining confidence in the method. The authors of the book do manage to translate medical terms into words that the average person can understand.

— John J. Brennan, M.D.

Abortion, The Great Injustice

H. P. Dunn, M.D.

A.C.T.S. Publications, 143-A Beckett St., Melbourne, Australia 3000. 35 pp., 25 cents.

This is 32-page pamphlet written by Dr. H.P. Dunn, senior OB-GYN at National Women's Hospital and Mater Misericordiae Hospital in Auckland, New Zealand.

Dr. Dunn regards the present slaughter of the innocent as a global disaster comparable only to the Black Death of 1349-50.

He asks two questions: "What is the fetus?" and "What is abortion?" He analyzes methods of abortion at each stage of pregnancy and points out the risks of each. He lists the fallacious reasons proposed for performing abortions. Most poignant is his observation on "abortion for psychiatric reasons," that psychiatrists have a suicide rate 70 times that of pregnant women. "It would seem more appropriate if women were advising the psychiatrists rather than the other way round."

Dr. Dunn lists abortion among the essentials of unfettered sexuality, the acceptance of fornication, adultery, divorce, sterilization, homosexuality, and related perversions. He says, "Contraception ushered in the concept of sterile sexuality, the divorce of intercourse from fertility, and fecundity. . . . The progression from contraception to abortion has been the life history of our society, of the medical profession, and a *fortiori* of the Family Planning Association itself."

He concludes that, "man is an aggressive animal who has burst into a major war every generation. The fear of atomic bombs has forced an uneasy peace. Man therefore turns on the easiest victim — the child in the womb."

He asks that each of us teach the true answers to the questions that every youth has: "What is a fetus?" and "What is abortion?" But knowledge alone is not enough; moral guidance and the teaching of values must accompany teaching of the facts of life. Furthermore, we physicians must all become personally involved in the Right to Life Movement.

— John J. Brennan, M.D.

The Joy in Planning Your Family

Family Life Promotion of New York, P.O. Box 489, Smithtown, N.Y. 11787, 1976.

Carman and Jean Fallace are chaircouple of the Eastern Coalition for Natural Family Planning. Their 74-page booklet belongs in everyone's library on natural family planning. It is more of a compendium than a primer. The two describe the scientific background of pituitary and ovarian hormones as well as changes in cervical mucus which are related to fertility. Their guideline is a good one: "A couple is always fertile unless infertility can be determined scientifically by at least the mucus and temperature signs — not by wishful thinking."

There are some statements which, however, bother me. The word "mainline" is used where others have used "coverline." It is taught on page 36 that restricting intercourse to the postovulatory phase may be more reliable than male or female sterilization. Many would deny that. Are there statistics to prove it?

When discussing the use of Dr. Billings' method while fully nursing, it is said that the reliability can be increased by using the cervical signs. I am sure that Dr. Billings would vehemently object to that.

The methods of five different doctors are presented — Doctors Roetz, Billings, Keefe, Doernig, and Bonomi. Each of these has been successful because of his own personal dynamism and his quality of leadership. A young couple presented with all these programs in cafeteria style will not know which leader to follow. Taking a portion of one doctor's program and combining it with portions of another doctor's program may lead to confusion rather than certainty. The "joy of planning your family" is in its simplicity not its complexity.

Mucus is a reliable indicator of approaching ovulation. Temperature rise confirms that ovulation has come and gone. However, thermometers are available to only a small portion of the world's population. The cervix does rise, soften and open at ovulation but a precise method has not been developed around those findings. When should intercourse cease before the change? When may it be resumed after the change? The vagina is always wet; every woman's cervix is different; many women prefer not to examine themselves internally.

The Fallaces are a great couple. Their personal presence as teachers accomplishes far more than does any book with no personal teacher.

— John J. Brennan, M.D.

TWO VIEWS ON:

The Moral Choice

Daniel Maguire

Doubleday, New York, 1978. xvii + 477 pp., \$10.95.

I

The most burning moral question of our post-critical age is the foundational question of the possibility of attaining moral truth. It is this question which Daniel Maguire addresses in an ambitious new work on "the epistemology of ethics" which attempts to give a full account of "how we know in matters moral."

After two and one-half chapters which decry the moral erosion and drift of the age in areas of fidelity, sexuality, honesty and justice, and which criticize its relativism, subjectivism and scientific reductionism, the author presents his own extensive version of ethical realism. It is his view that moral judgments, far from being expressions of temperament or arbitrary choice, are ethically cognitive and objective. Chapters three and four present the ground of their objectivity as the experience that of all things in the world it is persons and their environment which are most important and sacred and it is the love of persons that gives rise to the whole moral enterprise. One cannot prove validity of this experience, says Maguire, but only illustrate and describe it, and show that moral meaning vanishes if this experience is not appreciated for what it is. The clearest sign that this experience undergirds morality is the historical fact of the supreme sacrifice, that some people have chosen to give up their lives to safeguard personal values, and that we esteem such persons as heroes.

The remainder of the book — chapters five to thirteen — comprises an effort to develop an ethical methodology whereby objective ethical truth may best be insured. The positive aspects of this volume (and they are considerable), are found *passim* in this section. By dint of copious examples drawn from a remarkable erudition in the fields of philosophy, psychology, anthropology and literature, Maguire weaves a tapestry which reveals the complexity of moral reasoning and the need to go beyond rational analysis and application of rules and appeal also to creative imagination, affective insight, authority, religion, group and individual experience, and the comic and tragic dimensions of existence. This is especially important since it is often neglected in contemporary linguistic and analytic approaches to moral philosophy.

In the last analysis, however, one is disappointed. For it turns out that Maguire's methodology is hardly a methodology at all. The treatment of the variegated aspects and approaches to moral truth, penetrating and rich as it is, is merely additive: few priorities are set and the result is an inadequate sense of rigor. One is at a loss in the end to understand how such an approach is to be applied. Maguire's methodology can best be described as a form of *contextual intuitionism* similar to Fletcher's *agapeic situationism* but far more cautious (e.g., ends do not justify means, "ends and means are in relational tension"), but no less subjectivistic. The subjectivism stands out in clear summary statements of the core of his position which the author occasionally interjects within the welter of detail. For example, "however well instructed we are by moral principles, there is a certain point where one's sympathy for the personal and contextual factors of a case attain crucial importance. . . . The final judgment of the fitting way to proceed will be based on an immediate intuition and on a sympathetic sense of what the concrete situation requires" (pp. 304-305). In sum, then, methodology and ethics consist of trusting the cognitive, sympathetic and affective intuitions of persons as regards persons-in-situation. It is difficult to see how on this view a person who takes pains to be sensitive to detail, sympathetic, creative and open could ever be described as being morally wrong, "sinful" or "guilty" (Maguire's preferred word). This approach seems to presuppose that each person is *qua* person a moral artist and possesses the ingrained quasi-artistic moral sensitivity and training to pass correct moral judgments in a concrete situation. But an analogy between moral agent and artist cannot, in the last analysis, be maintained; a more proper analogy exists between moralist and artist, and even here both are in sore need of a rigorous methodology which goes beyond "immediate intuition" and "sympathetic sense." The creativity of the artist is not from ground-zero; it operates within the systematics of the canons of art.

We encounter even more fundamental problems when we consider Maguire's method of grounding the meaning of moral experience. As we have seen, he finds

the ground of morality in the experience of the value of persons and their environment. The problem is that this is left at the level of a contingent experience which a society might or might not have and is not seen as a dimension within human action and experience as such. But this certainly is not sufficient. A necessary characteristic of a foundational aspect of moral experience is that it be shown to constitute an intentionality which is sedimented within all human action; that experience of the value of persons and their environment, for instance, be unveiled as the subliminal life or thrust of human action even when such action is patently immoral and unloving. It must be shown, in other words, that some such experience inhabits *all* human endeavor as a constituting dimension of this experience, that it be the condition whereby moral "oughts" and "shoulds" become intelligible at all.

Equally disconcerting is the fact that the notion of person remains highly underdeveloped. As a result it is difficult to see under what aspect persons are experienced as valuable. What is that aspect of human persons which makes them a symbol under which the supreme sacrifice of life at times appears as a good rather than an evil? The author provides a few hints when he says that persons, unlike things, grow and develop historically, have a capacity to imagine and create, to be amused and to love, and then he remarks that "a fetus cannot do these things" (pp. 146-147). It seems that despite denials, Maguire takes a Sartrean line on such questions and holds that it is a person's creative and relational abilities which are the soul of his worth. This is, of course, a presupposition which must be examined, and it is the lack of such examination which leads one hungering for depth. It may be that the fact of martyrdom, admittedly an admirable beginning for ethical analysis, reveals not the experience of respect for persons as creative, etc., but a sensitivity to a sacred and transcendent dimension of experience which calls us to put aside individual life-plans for the sake of the nobility of the race. Martyrdom may exhibit a respect for persons only indirectly through a more primordial respect for the more fundamental dimension out of which persons and their freedom arise. For, as Martin Buber has stressed, the world of human creativity is itself not a work of man. Man's freedom is established: man is not primarily a creativity or a freedom but a receiver. The primitive ontological truth about man is that he is a "being sent and being commissioned" and that whoever places freedom and creativity in first rank "turns aside from true human existence" (Buber, *The Eclipse of God*). This dimension out of which persons and all of creation and creativity are sent may be the true fundamental ground of value. Translated religiously, men may be valuable not because they are the source of all valuing but because they are created in the image and likeness of God. If we take this latter perspective upon man's ontological being, a different answer might seem apposite to such issues as euthanasia and abortion, answers different from the rather liberal ones espoused by Maguire. Within such a perspective, the fundamental moral presupposition in vital issues might not be that of probabilism "in *dubiis libertas*" but one arising out of reverence "in *dubiis sacrificium*." Within this perspective the various moral issues might take on a different symbolism and call for a different answer. As Rosemary Haughton has stressed (*Cross Currents*, Fall 1978), the proper question to ask about a human act is not "does it do any harm?", but rather, is it "physically, emotionally and spiritually fitted to express the human perfection to which we are called . . . to bear our relationship to the Lord?" It is in the failure to raise these deeper ontological and religious questions that Maguire's volume, as brilliant and scintillating as it is, fails to provide us with a satisfactory epistemology of ethics.

— Rev. Albert R. DiIanni, S.M.
Chairman, Department of Philosophy
College of the Holy Cross

The Moral Choice by Daniel Maguire is a work of significance. This lengthy book (477 pages) presents a "theory of moral knowledge, a theory of how it is that we moral beings may most sensitively know and evaluate" (p. xv). The significance of the book rests not only in the content (a theory of moral knowledge) but also in its readability, thoroughness, clarity, humor, and sensitivity which are unparalleled in ethical works.

The book begins with an analysis of the moral climate in America which Maguire says "seems to have impressive grounds for claiming a unique moral chaos" (p. 1). His exposition of the moral muddle in America is thorough and tastefully done. Among the various areas of moral disagreement he includes a section on science and medicine.

Maguire describes and criticizes the value-free attitude prevailing in scientific fields which produced seriously questionable moral judgments and practices in the areas of medical practice, especially in the care of the dying and the severely handicapped newborn, as well as in medical experimentation, e.g., experiments on fetuses and the Willowbrook experiment on hepatitis. From an exposition of the current moral climate, Maguire moves to show "... how to address these (moral) questions in a way most likely to produce sensitive ethical answers. . ." (p. 4). He accomplishes his purpose by distinguishing ethics from morality, by analyzing the meaning of morality, by defining ethics, and by presenting a model for ethical thinking. The model of ethical thinking is presented pictorially as a wheel — a hub, spokes and rim. The hub represents what Maguire calls the "reality — revealing questions" (or the expository phase in ethics). These questions are: 1) What is the reality? 2) Why? When? How? Who? Where? What are the motives and circumstances of this reality? 3) What are the foreseeable effects of choice and action? and 4) What are the viable alternatives to choice?

The spokes represent the ethical evaluational processes and resources "available to us personally and socially" (p. 115). These processes and resources are: reason and analysis, principles, affectivity within individual experience, group experience, authority, comedy, tragedy and creative imagination. The rim encloses all the above elements in a coherent ethical method. The bulk of the book is devoted to explaining this model in great detail.

This book is in some sense a *tour de force*. It reflects the culmination of some two decades of teaching, writing, lecturing and reflecting by Maguire. After reading the book, I must say Maguire's ethical sense and skills are impressive. The book is valuable to the ethicist for its critique of various ethical theories and methods, as well as its cogent exposition of Maguire's own ethical theory. The book is prolifically footnoted. The sources range from classical writings to current scientific articles and to novels. The breadth of Maguire's knowledge is indicated here. But, it is also an excellent book for any professional person wishing to become educated in the "art-science of ethics." Maguire's clarity and logic make him an excellent teacher.

There are many important insights in this book. I will indicate the ones I judge most important. The chapter on the meaning of morals is particularly instructive. Maguire seeks to answer "What is morality?" and "What is the foundation of moral experience?" by reviewing and critiquing the answers to these questions which have most influenced American thought and morality, i.e., the relativists, the survivalists (especially Ayn Rand), the linguists, and the intuitionists. His answer to these questions is produced by developing a theory of "ethical realism." He identifies morality as referring to "... that which is fitting vis-a-vis persons. . ." (p. 72). The foundation of morality is, according to Maguire, "... the experience of the value of persons and their environment" (p. 72). He describes ethics as the

systematic discussion of morality.

Another significant point in Maguire's work is his development of his position that ethics is not an exclusively rational process, i.e., it is a process which involves more than rational argumentation. Ethics involves sensitivity and affectivity as well as reason. "Ethics is the art-science which seeks to bring sensitivity and method to the discernment of moral values" (italics in the original) (p. 111). The art aspect of ethics involves imagination, intuition and taste. As Maguire states: "... evaluation will have many psychic dimensions and will not be simply a syllogism unfolding tidily" (p. 111).

Maguire asserts that "It is a weakness of the mind to distinguish tidily things which are not tidily discrete" (p. 197). He demonstrates his position that ethics requires "creative imagination" as well as logic to locate the good in the complexity of moralities and ethical theories found in our time. He believes that creativity's roots are in affectivity (p. 197), i.e., creative thought requires excitement, quiet, work, malleability, opportunity and at-homeness or absence of alienation (pp. 195-214). This treatment is creative, but I feel his example of creative imagination (pp. 210-211) does not quite demonstrate the thesis. However, it is the nature of creativity not to be tidy!

Maguire's use of examples enlivens and enlightens his treatment of theoretical questions. Some may find his examples too controversial. He does not shy away from controversial issues and uses many examples of institutional practices and policies (both political and ecclesiastical) to illumine his points. At times one is required to put aside preconceived ideas and prejudices to see the point of the example. Also Maguire's approach is what he describes as a philosophy of morality and not a theology. Those who seek a religious ethic may find this disappointing. However, I believe this approach has great value today because of the pluralism in religious and secular morality. Maguire gets to the basic human roots which all people share for his analysis and theory. In so doing, he reflects the basic elements of a classic method of Roman Catholic moral theology — the manualists. His identification of reality revealing questions reflects the manualists' casuistry's contribution to answering the question what makes a human act moral, i.e., its object, end and circumstances. Maguire shows that circumstances are more important than the manualists indicated in the evaluation of morality.

Maguire's work can be summed up in a phrase from Louis Pasteur used by Maguire: "Fortune favors the prepared mind." Maguire's uniquely prepared mind has produced an excellent creative work which "fortune favors."

— Prof. George A. Kanoli, S.T.D.
Department of Religious Studies
John Carroll University